

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036687

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 181

FILED SEP 19 1963

VS 300
Rev. 4/59

1 0497

2 8040

3

4 0

5 1

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7 1

8 2

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11 049

12 92-3

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIF. b. COUNTY TULARE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE DOA		c. CITY OR TOWN PORTERVILLE	
Length of stay in 1b NEVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL		d. STREET ADDRESS (If outside, give location) 2620 PLANO ROAD	
3. NAME OF DECEASED (Type or print) First LESLIE Middle ALVIN Last MINGES		4. DATE OF DEATH Month SEPTEMBER Day 7 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1898
9. AGE (last birthday) 65		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY EARTH MOVING	
11. BIRTHPLACE (City and state or country) STOCKTON, CALIF.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME GEORGE E. MINGES		13b. MOTHER'S MAIDEN NAME LUCY B. WILLIAMS	
14. NAME OF HUSBAND OR WIFE ELEANOR MARGARET MINGES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT LEE MINGES, STOCKTON, CALIFORNIA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED CERVICAL VERTEBRA. CRUSHED DUE TO (b) CHEST, RIGHT. FRACTURE OF SKULL, SUPRA DUE TO (c) ORBITAL RIDGE 1 1/2 " SUPERIOR TO LEFT PUPIL			INTERVAL BETWEEN ONSET AND DEATH INSTANTLY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURES OF LEFT MANDIBLE AND ZYGOMATIC, RT. TIBIA & FIBULA			PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTO ACCIDENT.	
20c. TIME OF INJURY 1:15 P.M.	Month, Day, Year 9-7-63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY # 66	20f. CITY, TOWN, OR LOCATION 2 MI. EAST OF AVILLA, JASPER, MO.	
21. I attended the deceased from DID NOT ATTEND Death occurred at 1:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS FRISCO BUILDING, JOPLIN, MO.	
22a. SIGNATURE (Degree or title) Handell E. Eubank, D.D.S. CORNER		22c. DATE SIGNED 9-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9/12/63	23c. NAME OF CEMETERY OR CREMATORY RURAL CEMETERY	23d. LOCATION (City, town, or county) (State) STOCKTON, CALIFORNIA
24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 9-9-1963	
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 20 1963

8840
8408

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Melvin Garrett

Licensed Embalmer No. 5121

P.O. Address CARTHAGE, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.